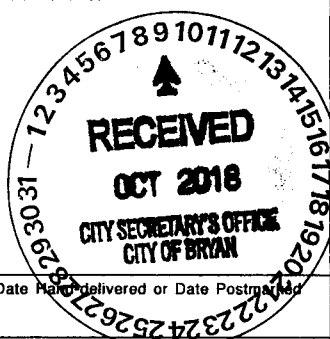


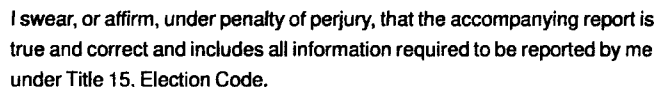
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Hollie</div> <div>MI Brenton</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME (Brent)</div> <div>LAST Hairston</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 3009 Hummingbird Circle</div> <div>APT / SUITE #; Bryan, TX 77807</div> <div>CITY; 77807</div> <div>STATE;</div> <div>ZIP CODE</div> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (979)</div> <div>PHONE NUMBER 575-5637</div> <div>EXTENSION</div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Merrill</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Green</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div>Date Received</div> <div>Date Hand Delivered or Date Postmarked</div> <div>Receipt #</div> <div>Amount \$</div> <div>Date Processed OK 10:00am</div> <div>Date Imaged</div> </div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 3914 Park Meadow Ln.</div> <div>APT / SUITE #;</div> <div>CITY; Bryan, TX</div> <div>STATE;</div> <div>ZIP CODE 77802</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (979)</div> <div>PHONE NUMBER 776-6109</div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 2 / 2018 </div> <div>THROUGH</div> <div> Month Day Year 9 / 27 / 2018 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 6 / 2018 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known) Bryan City Council Single Member District 5</div> </div>		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brent Hairston, this the 9th day of October, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Christina A. Cabrera Printed name of officer administering oath: Christina A. Cabrera Title of officer administering oath: Notary Public

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,275 ⁰⁰ _{xx}
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 243 ⁵⁶
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 956 ²⁵
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

Hollie (Brent)on Hairston

3 Filer ID (Ethics Commission Filers)

4 Date

7/17/2018

5 Full name of contributor

Charles Gilliland

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

75⁰⁰_{xx}

6 Contributor address;

City; State; Zip Code

4600 Boyer Ct. Belle Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/22/18

Full name of contributor

Mark Watson

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$700⁰⁰_{xx}

Contributor address;

City; State; Zip Code

9445 N. St. Hwy 6 Bryan, TX 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/16/18

Full name of contributor

Ramiro Galindo

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500⁰⁰_{xx}

Contributor address;

City; State; Zip Code

3000 Galindo Way Bryan TX 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/17/18

Full name of contributor

John Mack Bush

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100⁰⁰_{xx}

Contributor address;

City; State; Zip Code

2600 Colony Vista Dr. Bryan, TX 77808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 5

2 FILER NAME

Hollie (Brent)on Hairston

3 Filer ID (Ethics Commission Filers)

4 Date

7/6/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Robert S. Gutierrez

6 Contributor address;

City: State: Zip Code

404 N. Haswell Dr. Bryan TX. 77803

7 Amount of contribution (\$)

\$500⁰⁰/_{xx}

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jay Granberry

Contributor address;

City: State: Zip Code

17245 Eagle Pass Dr. College Station, TX. 77845

Amount of contribution (\$)

\$150⁰⁰/_{xx}

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

Doug & Cheryl Peterson

Contributor address;

City: State: Zip Code

10942 Lakeland Dr. College Station, TX. 77845-3079

Amount of contribution (\$)

\$500⁰⁰/_{xx}

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. Mark D. Conlee

Contributor address;

City: State: Zip Code

P.O. Box 4142 Bryan, TX. 77805

Amount of contribution (\$)

\$200⁰⁰/_{xx}

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

Hollie (Brent) on Hairston

3 Filer ID (Ethics Commission Filers)

4 Date

7/13/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Ed Ann M. Anderson

6 Contributor address;

City: State: Zip Code

200 Fireside Circle College Station, TX. 77840

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

Ronald Schmidt

Contributor address;

City: State: Zip Code

835 N. Rosemary Dr. Bryan, TX. 77802

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jason Zieuski

Contributor address;

City: State: Zip Code

4406 Nottingham Lane Bryan, TX. 77802

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

Tim Harding

Contributor address;

City: State: Zip Code

15696 Harding Rd. Bryan, TX. 77807

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 5

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

7/11/18

Louis T. Gatterman III

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address; City; State; Zip Code

18687 Anasazi Bluff Dr. College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

7/10/18

Reha Raggsdale

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2325 W Briargate Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

7/11/18

Walter & Cynthia Hinkle

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4104 Winkelman Circle College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

7/10/18

John A. Bond

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4016 Green Valley Drive Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 5

2 FILER NAME

Hollie Brenton Hairston

3 Filer ID (Ethics Commission Filers)

4 Date

7/9/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

Joy H. Hairston

6 Contributor address;

City; State; Zip Code

3011 Hummishind Circle Bryan, TX 77807

7 Amount of contribution (\$)

\$1,000⁰⁰/₁₀₀

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/6/18

Full name of contributor

☐ out-of-state PAC (ID#)

Hollie Brenton Hairston

Contributor address;

City; State; Zip Code

3009 Hummishind Circle Bryan, TX 77807

Amount of contribution (\$)

\$2,000⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">Hollie (Bret) on Hairston</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="font-size: 1.2em;">243^{SE}</div>	
5 Date <div style="font-size: 1.2em;">8/7/18</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Tops Printing</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">243^{SE}</div>	9 In-kind contribution description <div style="font-size: 1.2em;">Logo Design</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2003 Texas Ave, Bryan, TX. 77802</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Hollie (Brenton) Hairston</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/17/18</i>	5 Payee name <i>Synistralia Software</i>	
6 Amount (\$) <i>\$956.25</i>	7 Payee address; City; State; Zip Code <i>9245 N. State Hwy 6 Bryan, TX. 77807</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense (website development)</i>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED